

Delaware Health and Social Services
Medical Care Advisory Committee (MCAC)
December 10, 2014

<p>Date: December 10, 2014</p> <p>Place: Easter Seals 61 Corporate Circle New Castle, DE 19720</p> <p>Time: 9:00 AM – 11:00 AM</p> <p>Presiding: Chair, Dr. Julia Pillsbury, D.O.</p>	<p>Members Present: Thomas Barlow, Kris Bennett, Judith Chaconas (via phone), Calvin Freedman, Glen Goleburn, James Lafferty, Dr. Leonard Nitkowski, Ann Phillips, Damaris Piliro, Dr. Julia Pillsbury, D.O., Lori Ann Rhoads (via phone), Lisa Schieffert, Yrene Waldron, Olga Ramirez, Lynn Robinson (via phone)</p> <p>Guests: DDDS Deputy Director Marie Nonnenmacher, General Manager for LogistiCare Ann Bourne, Astra Zeneca's Ty Jones, DDDS Director Jane Gallivan (via phone), American Heart Association's Johnathan Kurtz, CMS Nancy Rapport (via phone)</p> <p>Members Absent: Michelle Amadio, Nadine Chance, Penny Chelucci, Brandy Niezgoda</p> <p>Staff Present: Dr. Anthony Brazen, D.O., Cindy Denemark, Rebecca Gallagher, Stephen Groff, Greg Roane, Jose Tieso, Lisa Zimmerman, Kathleen Dougherty</p> <p>Staff Excused: Janet Bailey, Kay Wasno, Glyne Williams</p>
TOPIC FOR DISCUSSION	DISCUSSION / ISSUE
<p>Call to Order: Chair, Dr. Julia Pillsbury, D.O.</p>	<ul style="list-style-type: none"> Chair Dr. Pillsbury welcomed everyone and called the meeting to order at 9:07 AM.
<p>Approval of Minutes: Chair, Dr. Julia Pillsbury, D.O.</p>	<ul style="list-style-type: none"> Chair Dr. Pillsbury called for any additions, alterations or corrections to the September 10, 2014 Minutes. Being none, Ms. Waldron moved to accept the minutes as recorded. Ms. Schieffert seconded the motion. Motion carried.
<p>New Business:</p> <p>DDDS Update: <i>DDDS Deputy Director Ms. Marie Nonnenmacher</i></p>	<ul style="list-style-type: none"> Deputy Director Nonnenmacher thanked the Committee for inviting her to attend the meeting; she stated that CMS requires DDDS to come before the Committee; a rule was promulgated to define what is meant by Home and Community Based Services (HCBS) as it had not been defined previously; CMS has come out with guidance with what states might want to draft their programs to look like. Deputy Director Nonnenmacher proceeded to walk the Committee through the handout that was provided (attachment #1). Deputy Director Nonnenmacher asked for input from the Committee members. A question and answer period ensued regarding waivers, transition plans, timelines and working across state agencies.

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LogistiCare: <i>General Manager Ms. Ann Bourne</i>	<ul style="list-style-type: none">• Ms. Bourne thanked the Committee for inviting her to the meeting and stated it was a great forum to share, brainstorm and clarify. She indicated that she sought to give a quick overview of what LogistiCare does. She also wanted to discuss the challenges LogistiCare is facing and work with the Committee to build a collaborative approach to those challenges. She walked the Committee through the handout provided (attachment #2).• A lengthy discussion followed revolving around client transportation needs and possible solutions to the shortage of providers and the possible involvement of legislators to resolve the existing issues.• Ms. Waldron made a motion that a letter be developed obtaining information from Ms. Bourne to formulate a letter to Director Groff for follow-up. Mr. Lafferty seconded the motion. Motion carried. A draft letter will be presented to the Committee at the next meeting.
Standing Committee Reports: DMMA Update: <i>Director Steve Groff</i>	<p>Director Groff reported:</p> <ul style="list-style-type: none">• Upon review of our budget, we detected an error; when we moved the prescription benefit into the MCO benefit fund, we failed to take into account the fact that we still receive drug rebates. We've also learned that our federal matching rate has changed to our advantage. As a result, there will be no Medicaid request in the 2016 budget.• The future of the CHIP program is somewhat in limbo as we wait to hear whether congress will reauthorize funding. The ACA increases the funding rate for children in the CHIP program by twenty three percentage points in 2016.• At the last meeting, I informed you that we were in active negotiation plans with three MCO's. I regret to inform you that we were unsuccessful in retaining DPCI. On January 1, 2015, we will have UHC and Highmark. We have a continuity of care provision in the existing contracts. Clients will have until March 31, 2015 to change their choice if they are not happy with their original selection.• There are approximately 10,000 in the newly eligible population.• The 2nd Open Enrollment period for the Federal Marketplace is going smoothly.• An extensive question and answer period arose regarding open enrollment and the contracts with the MCO's.

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MCO Update: <i>Ms. Kathleen Dougherty</i>	<p>Ms. Dougherty reported:</p> <ul style="list-style-type: none">• Medicaid Open enrollment ended at the close of November. Many individuals had difficulty getting through. We have continued to reach out to those individuals; our health benefits manager, which is HP maxed the phone lines to the point we couldn't have any more workers on the phone, they extended hours into the evenings, work Saturdays, empty phone mailboxes every 2 hours and call back hundreds of members in the evening to make sure they are ready to go the next day. As problems arise, we are taking care of them. We have submitted a request to have a phone line through the state to alleviate any members or providers concerns regarding hospital care; there are provisions in the contracts with the MCO's beginning January 1st to pay for a service for any individual even if they are not continuing with that provider until after they are reassessed.• We are also setting up a website to accommodate clients and providers.• A brief question and answer period followed.
Pharmacy Update: <i>Ms. Cynthia Denemark</i>	<p>Ms. Denemark reported:</p> <ul style="list-style-type: none">• The Drug Benefit is transitioning smoothly to the MCO package. We are working diligently to iron out the bumps we know are coming. The MCO's will have the complete medication history based on claim data from DMMA through January.• The MCOs are also recognizing all of our prior authorizations for the drug benefit. Right now, it is business as usual for the HP pharmacy team; is adding a prior authorization for 6 months or a year, whatever is appropriate for the drug will transition and both MCO's have committed to honoring those prior authorizations.• We are actively reaching out to let consumers know that their drug benefit is changing. Consumers will need to bring their MCO drug benefit card when they pick up their prescriptions as opposed to just showing their Medicaid care as previously. Medicaid is distributing posters with those instructions.• A brief discussion followed.
Public Comment: <i>Chair, Dr. Julia Pillsbury, D.O.</i>	<ul style="list-style-type: none">• Chair Dr. Pillsbury asked if there was any public comment. No public comment was made.
Adjournment: <i>Chair, Dr. Julia Pillsbury, D.O.</i>	<ul style="list-style-type: none">• Being no further business, Chair Dr. Julia Pillsbury, D.O. adjourned the meeting at 11:05 AM.

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Actions and Follow up Responsibility	<ul style="list-style-type: none">• A letter is to be developed obtaining information from Ms. Bourne to formulate a letter to Director Groff for follow-up. A draft letter will be presented to the Committee at the next meeting.
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Respectfully submitted,

Rebecca Gallagher

Rebecca Gallagher, Recorder

Date Approved

Dr. Julia Pillsbury, D.O., Chairperson